2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2005
Secretary of State

DOCUMENT# L04000058901

Entity Name: SCHOLASTIC INSURANCE OF FLORIDA, L.L.C.

Current Principal Place of Business:

2437 LAKE VISTA COURT
APT. 203
CASSELBERRY, FL 32707 US

New Principal Place of Business:

3097 CAMP ROAD
OVIEDO, FL 32765 US

Current Mailing Address:

2437 LAKE VISTA COURT
APT. 203
CASSELBERRY, FL 32707 US

New Mailing Address:

3097 CAMP ROAD
OVIEDO, FL 32765 US

FEI Number: 55-0878664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, LANE L
2437 LAKE VISTA COURT
APT. 203
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: SMITH, LANE L
Address: 2437 LAKE VISTA COURT
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SMITH, LANE L
Address: 2437 LAKE VISTA COURT
City-St-Zip: CASSELBERRY, FL 32707 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LANE L. SMITH MGRM 04/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date